

# Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Specialized  
Medical Vehicle  
Providers

HMOs and Other  
Managed Care  
Programs

## Specialized medical vehicle Provider Description Code Form eliminated

Effective immediately, Wisconsin Medicaid no longer requires providers to complete or maintain the Provider Description Code Form for any recipients of specialized medical vehicle (SMV) transportation.

### Provider Description Code form no longer required

Effective immediately, Wisconsin Medicaid no longer requires providers to complete or maintain the Provider Description Code Form (also known as the Function Level Description Form, form DOH 1107B) for any recipients of specialized medical vehicle transportation.

### Claims submission

Providers are *still* required to enter a specific functional level description code in Element 21 of the HCFA 1500 claim form. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of valid functional level description codes.

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT

## Functional level description codes for specialized medical vehicle transportation

Providers are required to indicate one description code from Set 1 and one from Set 2 in Element 21 of the HCFA 1500 claim form.

The description codes in Set 1 are determined by the specialized medical vehicle provider.

Functional level description code set 1	
Code	Description
A12	Cot/stretchers (must have help)
B12	Own power wheelchair
B22	Own manual wheelchair
B32	Company-furnished wheelchair
C12	Cane/crutches/walker/low stamina/unsteady gait (must have help)
C22	Cane/crutches/walker/low stamina/unsteady gait (moderate help)
C32	Cane/crutches/walker/low stamina/unsteady gait (minimal help)
D12	Behavior/cognitive problem (must have help)
D22	Behavior/cognitive problem (moderate help)
D32	Behavior/cognitive problem (minimal help)
E12*	Second attendant for lifting
E22*	Second attendant for controlling troublesome behavior
E32*	Second attendant for other reason
F12	Unable to see

The description codes in Set 2 are determined by the physician, physician's assistant, nurse midwife, or nurse practitioner completing the Physician Certification Form. Specialized medical vehicle providers should obtain the Set 2 code from the Physician Certification Form.

Functional level description code set 2	
Code	Description
A11	Cot/stretchers (must have help)
B11	Wheelchair
C11	Cane/crutches/walker/low stamina/unsteady gait (must have help)
C21	Cane/crutches/walker/low stamina/unsteady gait (moderate help)
C31	Cane/crutches/walker/low stamina/unsteady gait (minimal help)
D11	Behavior/cognitive problem (must have help)
D21	Behavior/cognitive problem (moderate help)
D31	Behavior/cognitive problem (minimal help)
G11	Hospital/nursing home discharge (refer to the Specialized Medical Vehicle Services handbook for more information on submitting claims for hospital and nursing home discharges)

\*Providers are required to use these description codes with procedure code W9808 (Type of service code "9"), "Second Attendant" only.